Lobbying Firm Activity Authorization (Government Code Section 86104)			Legislative Session		CALIFORNIA 602
Check one box, if	applicable				FAIR POLITICAL PRACTICES COMM. For Official Use Only
☐ Lobbyist Employer (Gov. Code Section 82039.5)			2009 (Inse	2010 rt Years)	
Lobbying (FPPC Regula	ation 18616.4)				
Type or Print in NAME OF FILER:	INK				EFFECTIVE DATE:
TEMESCAL TELEGRAPH COMMUNITY ASSOCIATION					02/01/2009
BUSINESS ADDRESS: (Number and Street) (City)			(State)	(Zip Code)	TELEPHONE NUMBER:
DOSINESS ADDINE	200. (Number and Street)	(City)	(State)	(Zip Code)	FAX NUMBER: (Optional)
MAII INO ADDDEO	O (11 -1211	OAKLAND	CA	94609	- PAX NOWBER. (Optional)
MAILING ADDRES	S: (If different than above.)				E-MAIL: (Optional)
l hereb	TOWNSEND PL	JBLIC AFFAIRS,INC.	ne of Lobbying F	irm)	
		(Naii	ic or Lobbying i	,	
I <u>RVINE</u> C	CA 92614				
82038.5 If you are aut of the client(s	age in the activities of a log and 2 Cal. Code of Regs horizing another lobbying below. (It is not necess	g firm to lobby on	on behalf o	of the above na	amed employer. t(s), provide the name(s)
Please see attached	pages				
		VERIFIC	ATION		
	sed all reasonable diligence in nformation contained herein is	•	ent. I have rev	iewed this Staten	nent and to the best of my
I certify	under penalty of perjury under	the laws of the State	of California th	nat the foregoing	is true and correct.
Executed on	03/18/2009 DATE	By RICK		SNATURE OF RESP	PONSIBLE OFFICER
	·		5		
Name of Responsib	ole Officer RICK RAFFANTI PRI	NT OR TYPE	Title <u>F</u>	PRESIDENT,42590	00SB

FPPC Form 602 (7/98)

Lobbying Firm CALIFORNIA Activity Authorization FORM FAIR POLITICAL PRACTICES COM SEE INSTRUCTIONS ON REVERSE Type or Print in ink NAME OF FILER: 2/2 TEMESCAL TELEGRAPH COMMUNITY ASSOCIATION Nature and Interests of Lobbyist Employer Check one box only: INDIVIDUAL (Complete **BUSINESS ENTITY** INDUSTRY, TRADE OR OTHER (e.g., lobbying only Parts A and E) (Complete only Parts B PROFESSIONAL ASSN. coalition) (Complete only and E) (Complete only Parts C and E) Parts D and E) A. Individual 2. Description of business activity in which you or your employer are 1. Name and address of employer (or principal place of business if engaged: self-employed): **B. Business Entity** Description of business activity in which engaged: C. Industry, Trade or Professional Association 2. Specific description of any portion or faction of the industry, trade, or 1. Description of industry, trade, or profession represented: profession which the association exclusively or primarily represents: Temescal Telegraph Business Improvement District includes business owners along Telegraph Avenue, from 40th Street to 65th Street in Oakland and some properties along Shattuck Avenue 3. Number of members in association (check appropriate box) 50 OR LESS (provide names of all members on an attachment.) MORE THAN 50 Х D. Other 2. Description of any trade, profession, or other group with a common 1. Statement of nature and purposes: economic interest which is principally represented or from which membership or financial support is principally derived: E. Industry Group Classification Check one box which most accurately describes the industry group which you represent. See instructions on reverse. **AGRICULTURE LEGAL** BUSINESS (Check one of the following sub-categories.) **ENTERTAINMENT/RECREATION** OIL AND GAS **EDUCATION PUBLIC EMPLOYEES** FINANCE/INSURANCE PROFESSIONAL/TRADE GOVERNMENT POLITICAL ORGANIZATIONS LODGING/RESTAURANTS **REAL ESTATE TRANSPORTATION** MANUFACTURING/INDUSTRIAL UTILITIES **HEALTH** MERCHANDISE/RETAIL OTHER: Business I mprovement OTHER: District Association

LABOR UNIONS

(Describe in detail)

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(Specific Description)